

Administrative Office of the United States Courts				FOR COURT USE ONLY	
AO 435 (Rev. 04/11)				DUE DATE:	
TRANSCRIPT ORDER					
Please Read Instructions:				2. PHONE NUMBER (304) 598-0788	
1. NAME Lindsey Saad				3. DATE 8/7/2017	
4. MAILING ADDRESS 48 Donley Street				5. CITY Morgantown	
8. CASE NUMBER 2:16-cv-45 <i>46</i>				9. JUDGE Bailey	
				6. STATE WV	
				7. ZIP CODE 26501	
12. CASE NAME Harris v. Q&A Associates, et al.				10. FROM 1/4/2017	
				11. TO 1/4/2017	
				13. CITY Elkins	
				14. STATE WV	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER	
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					
PORTIONS		DATE(S)		PORTION(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)					
<input type="checkbox"/> OPENING STATEMENT (Defendant)				<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)					
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)					
<input type="checkbox"/> OPINION OF COURT				<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> JURY INSTRUCTIONS				Evidentiary Hearing	
<input type="checkbox"/> SENTENCING				January 4, 2017	
<input type="checkbox"/> BAIL HEARING					
17. ORDER					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES 1	154	542.10
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	542.10
18. SIGNATURE <i>Lindsey Saad</i>				PROCESSED BY	
19. DATE <i>8/7/17</i>				PHONE NUMBER (304) 234-3987	
TRANSCRIPT TO BE PREPARED BY Linda Mullen				COURT ADDRESS PO Box 452 Wheeling, West Virginia 26003	
ORDER RECEIVED	DATE <i>8/7</i>	BY <i>email</i>			
DEPOSIT PAID			DEPOSIT PAID	500.00	
TRANSCRIPT ORDERED			TOTAL CHARGES	562.10	
TRANSCRIPT RECEIVED	<i>9/5</i>	<i>email</i>	LESS DEPOSIT	500	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	0	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	62.10	

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